



Dr. Susan Pincofski D.M.D

Patient Questionnaire

Name: _____

Nickname: _____

1. Do you have any brothers or sisters? What are their names and how old are they?

2. Do you have any pets? What are they and what are their names?

3. What school do you go to? Have you decided on a career yet? Or a college you want to go to?

4. What is your favorite movie? What are your favorite TV shows?

5. What kind of music do you like?

6. Do you play an instrument? If yes what do you play?

7. Do you play any sports?

8. What is your favorite vacation destination?

9. If you could travel anywhere in the world where would you choose to go?

10. Do you have any hobbies?

11. How do you feel your smile can be improved? How would you feel about getting braces?
